

JTW



# REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10 1644, 302
Filing Date	08-20-2003
First Named Inventor	Michel Perrut
Art Unit	1723
Examiner Name	Menon, Krishman
Attorney Docket Number	370497-519A

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☒ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: \_\_\_\_\_

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input checked="" type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)        | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi)        | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)            | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

## Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☐ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☐ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

B. ☐ Inventor or  
Assignee name

Address

City	State	Zip	Country
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

*Liam McDowell*

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2/11/11

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703 619 1144

NOTE: Withdrawal is effective when approved rather than when received.

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